

Authorization and Direction to Furnish Medical Records

Patient: _____

Date of Incident: _____

Date of Birth: _____

Social Security #: _____

Dear _____

PLEASE FORWARD:

- | | |
|--|--|
| <p>____ 1. Complete office records to date</p> <p>____ 2. Updated office records from _____ to present.</p> <p>____ 3. Complete narrative report</p> <p>____ 4. Copies of diagnostic films (x-rays, CT scans, MRI films, Thermograms, etc)</p> <p>____ 5. BILL for treatment rendered to patient:</p> <p style="padding-left: 20px;">1. itemized bill without showing insurance payments or</p> <p style="padding-left: 20px;">2. itemized bill showing insurance payments</p> <p>____ 6. Complete records for each admission.</p> <p>____ 7. Abstract records for each admission.</p> <p>____ 8. Other: _____</p> | <p>____ 9. Admission & Discharge Summary</p> <p>____ 10. Emergency Room Records</p> <p>____ 11. History & Physical Examination</p> <p>____ 12. Operative Report</p> <p>____ 13. Doctor's Orders</p> <p>____ 14. Medical Sheets</p> <p>____ 15. Physical Therapy</p> <p>____ 16. Lab Reports</p> <p>____ 17. Ambulance Run ticket</p> |
|--|--|

Thank you.

By _____
PHARES M. HEINDL, P.A.

MEDICAL AUTHORIZATION

1. MEDICAL AUTHORIZATION: I hereby authorize the recipient to furnish the law firm of PHARES M. HEINDL, P.A. Attorney at Law, any requested medical information pursuant to Florida Statute 455.24 1. Under Florida Statute 455.241 it is requested that your office not discuss nor furnish any records relative to this patient's treatment unless done so pursuant to a signed authorization from the patient or his legal representative or a subpoena issued by a court of competent jurisdiction.

2. PRIOR AUTHORIZATIONS CANCELED: I hereby cancel any prior authorizations except patient's No-Fault insurance carrier.

DATED _____

Patient's/Client's Signature

***Record Preservation:** On behalf of the undersigned client, we request that all **original records** pertaining to the above-named patient, including all diagnostic films, fetal and EKG strips, pathology specimens, charge slips and other documents in support of each service rendered be preserved until further notice.